PRINTED: 04/15/2011 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
*		08A011	B. WING_		04/13/2011
	PROVIDER OR SUPPLIER AR FOULK MANOR N	ORTH LLC	- 1	REET ADDRESS, CITY, STATE, ZIP CODE 212 FOULK ROAD VILMINGTON, DE 19803	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 000  F 287 SS=F	An unannounced a this facility from Ap 2011. The deficient based on observati residents' clinical refacility documents at the first day of the survey sample total through R5), all of the through R5), all of the through R5), all of the through R5) all of the survey sample total through R5). All of the through R5, all of the through R5, all of the through R5, all of the through R5.  Within 7 days after resident's assessment Significant change Quarterly review as A subset of items the three through R5 assessment Significant change Quarterly review as A subset of items through R5 and the three through R5 assessments of the three through R5 assessments of the three thr	nnual survey was conducted at ril 11, 2011 through April 13, cies contained in this report are ons, interviews, review of ecords and review of other as indicated. The census on survey was ten (10). The led five (5) residents (R1 which were active records. tharges within the past year to review. Additionally, there impled residents (SS6 through NG/TRANSMITTING SMENT  a facility completes a ent, a facility must encode the infor each resident in the nent. It updates in status assessments. It is seessments in status assessments. It is seen a resident's transfer, and death. It is sheet) information, if there is seen a facility completes a lent, a facility must be capable are State information for each in the MDS in a format that ard record layouts and data at passes standardized edits	F 287	Responses to the cited deficiencies do not constitute an admission of agreement by Foulk Manor North of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law.	e T

Any deficiency statement enging with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safegodards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

bsolete Event ID: Q2RW11

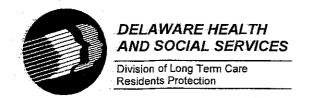
Facility ID: 08A011

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		08A011	B. WING_		04/1	C <b>3/2011</b>	
	PROVIDER OR SUPPLIER  AR FOULK MANOR I	NORTH LLC	1:	EET ADDRESS, CITY, STATE, ZIP CODE 212 FOULK ROAD VILMINGTON, DE 19803			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 287	A facility must electronthly, encoded, to the State for all the previous month. Admission assess: Annual assessmer Significant change Significant corrections assessment. Quarterly review. A subset of items to reentry, discharge, Background (facetransmission of ME not have an admission of the facility must transpecified by CMS calternate RAI approach to the state of t	tronically transmit, at least accurate, complete MDS data assessments conducted during in including the following:  ment.  it.  in status assessment.  on of prior full assessment.  on of prior quarterly  pon a resident's transfer, and death.  sheet) information, for an initial of data on a resident that does	F 287	<ul> <li>A. On April 11, 2011, the Faimmediately notified the Corporate MDS Specialis in turn, electronically transall MDS 3.0 assessments October 2010.</li> <li>B. All residents have the postobe affected by the transof the MDS 3.0 assessments.</li> <li>C. The Assistant Director of Nursing/MDS Coordinate been properly trained on a complete process for transMDS 3.0 assessments. An changes in the transmittal will be communicated tim the MDS Coordinator to ecompliance.</li> </ul>	st, who, nsmitted since  tential smittal nts.  or has the smitting ny process nely to		
	by: Based on the offsite interview, it was de to electronically tra 10 Medicaid reside Although MDS asset these residents, the necessary steps to MDS assessments include:  During the survey placility, it was noted.	e survey prep and staff termined that the facility failed nsmit MDS data for 10 out of ints (R1-R5 and SS6-SS10). Essments were completed for a facility failed to complete the electronically transmit any 3.0 since October 2010. Findings orep prior to entering the lin the State system that there is sessments that had been		D. MDS submissions will be reviewed and validation r will be reviewed monthly NHA/designee to ensure compliance times three (3 months. Findings will be reviewed in with correctivaction as warranted.  Completion Date: May 15 and Ongoing	eports by the  i)		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		08A011	B. WING	3	C 04/13/2011	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	0.37.10/2071	
EN/E ST	AR FOULK MANOR N	IOPTH I I C		1212 FOULK ROAD		
FIVE 317	AR FOULK MANOR IN	OKIN LLO		WILMINGTON, DE 19803		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
F 287	Continued From pa	ane ?	F 25			
1 201			F 28			
		facility. During the survey, views indicated that 3.0 MDS				
	assessments were					
	assessinente were	compicted.				
	On 4/12/11, E3 (As	sistant Director of				
		dinator) and E4 (Corporate				
		ewed. E3 stated that she				
		ne facility in July 2010 using				
		ents. When 3.0 MDS				
	assessments starte	ed in October 2010, E3				
		alidation reports when				
		ments, however, she thought				
		0 change. E3 additionally				
		d to electronically submit the				
		ents the same way she did the				
	•	ents and she did not realize				
	1	vas required to transmit the 3.0				
	assessments.					
	E4 stated that the fi	and the same and the state of				
		acility was unaware that they				
		Illy transmitting 3.0 MDS he surveyor brought it to their				
		1. E4 stated that she contacted				
		specialist on 4/11/11 after				
		the issue and the specialist				
		mitted all of the 3.0 MDS				
		e 10 residents on 4/11/11. E3				
		hat since the 3.0 MDS				
	assessments were	transmitted the evening				
		ages were coming in which				
	were now being cor					
	483.35(i) FOOD PR		F 37			
SS=F	STORE/PREPARE	/SERVE - SANITARY				
	The facility must -					
		m sources approved or				
*		tory by Federal, State or local				
	authorities; and					
	(z) Store, prepare, (	distribute and serve food				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		08A011	B. WING_		04/	C 13/2011	
	PROVIDER OR SUPPLIER  AR FOULK MANOR N	ORTH LLC	1	REET ADDRESS, CITY, STATE, ZIP CODE 212 FOULK ROAD VILMINGTON, DE 19803			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 371	Continued From pa under sanitary cond This REQUIREMEN by:		F 371	<ul> <li>A. (1) Upon notification by the on April 11, 2011, the Facilimmediately replaced the exdrain pipe with the air gap d</li> <li>(2) The Facility immediately discarded the ready-to-eat p</li> </ul>	ity isting rain.		
	Based on observation department and standard determined that the	facility failed to store, and serve food under sanitary		contaminated gloves. E7 wa provided education of prope washing and handling of foc (3a, b, c) The Facility cleans	r hand od.	5/15/11	
	vegetable prep sink the drain pipe was o and did not have the	45 AM, observation of the in the kitchen revealed that lirectly piped through the wall a required air gap per the		meat slicer, stainless steel ve sink as well as beneath the s the identified soiled frying p	ink and ans.		
		code.  ood Service Assistant  11/11 revealed that meat and		(3d, e) The dishwasher and convection oven will be clear maintained on a regular sche	med and		
	vegetables were no prep sink. An intervi	longer handled in the same ew with E6 (Maintenance revealed that an air gap was		(3f) The clean plates storage be properly cleaned and cov the storage area will be free (3g) The grease trap will be	ered and of debris.		
	member (E7) was o in the kitchen, open	30 AM, a dietary staff bserved prepping sandwiches ng jars, opening refrigerator ready-to-eat food such as		and the three (3) identified condiments and walls of the dishwasher were wiped clea of spillage and stains and dr	n and free		
	pickles without wash same pair of contant replace the gloves a	ning her hands. E7 kept the ninated gloves on and failed to is necessary and failed to emove the potential for		(3h, i) On April 11, 2011, the cleaned the three (3) condimbottles.			
		proximately 9 AM, the rved in the kitchen with dirt,					

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	16	COMPLETED	
		08A011	8. WING_		C 04/13/2011	
	ROVIDER OR SUPPLIER	ORTH LLC	- 1	REET ADDRESS, CITY, STATE, ZIP CODE 212 FOULK ROAD VILMINGTON, DE 19803		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETION	
F 371	prep area had food cutting area surface 4/11/11 and 4/13/11 b. The stainless st observed dirty on 4/ observed under the c. Two (2) out of st the ready to use rac observed with g contact areas of the d. On 4/13/11 at apthe dishwasher was observed with dee. The Garland doors had yellow sp stains on the f. Debris was careas of two (2) ove were stored containing clean planuncovered.  g. Debris on top three compartment so observed.  h. Three bottle the dry food storage observed wexterior surfaces. i. The walls under	od debris, or stains: icer located in the kitchen debris encrusted below the of the cutting blade on . eel vegetable sink was 11/11. Debris was also vegetable sink. even (7) frying pans stored on k were rease on the non-food pans. proximately 8 AM, the top of ebris. convention oven top front ills and splatters or e exterior surfaces. beserved inside the cooking ns where clean plates and the storage rack tes near the dishwasher was of the grease trap under the sink was es of condiments stored on	F 371	<ul> <li>B. All residents have the potentito be affected by soiled kitche equipment, cooking surfaces and food contamination.</li> <li>The Director of Food and Dir Services and/or designee, will service all dietary staff on the Facility's policy on Handwas Techniques, Kitchen, Sanitati Cleaning Schedule and Equip Cleaning Procedures.</li> <li>C. The Director of Food and Dirand/or designee, will implement daily cleaning schedule to material the cleanliness of kitchen equivalls and kitchen surfaces.</li> <li>D. The Director of Food and Director of Foo</li></ul>	ning l in- hing ion and ment  ning ent a nintain nipment,  ing  onthly to dule s being gnee, ure	
	E5 confirmed these	findings.		review checklists and discuss al findings with the NHA with corrective actions as warranted.		
				Completion Date: May 15, 2011 Ongoing	and	



STATE SURVEY REPORT

Page 1 of 11

NAME OF FACILITY: Foulk Manor North

DATE SURVEY COMPLETED: April 13, 2011

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STATEMENT OF DEFICIENCIES
Specific Deficiencies

ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED

Revised state report 4/29/11
The State Report incorporates by reference and also cites the findings specified in the Federal Report.

An unannounced annual survey and complaint visit was conducted at this facility from March 11, 2011 through March 13, 2011. The deficiencies contained in this report are based on observation, interviews and review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was forty-four (44). The survey sample totaled fourteen (14) residents, eight (8) open records, one (1) closed record and five (5) subsampled residents.

3201

Regulations for Skilled and Intermediate Nursing Facilities

3201.1.0

Scope

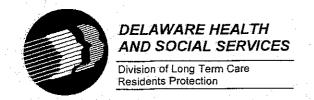
3201.1.2

Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out

Responses to the cited deficiencies do not constitute an admission of agreement by Foulk Manor North of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and state law.

Provider's Signature Way MAA

Title EXECUTIVE MKECTOL Date May 6, 2011



STATE SURVEY REPORT

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NAME OF FACILITY: Foulk Manor North

DATE SURVEY COMPLETED: April 13, 2011

· ·			
SECTION	STATEMENT OF DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION	
	Specific Deficiencies	OF DEFICIENCIES WITH ANTICIPATED	4.
		DATES TO BE CORRECTED	
			7.0

herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.

F 387 §483.40(c) Frequency of Physician Visits

#### Frequency of Physician Visits

- (1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.
- (2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.

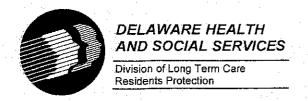
Based on record review and interview it was determined that the physician failed to visit on a regular basis one (S13) out of 14 sampled residents. Findings include:

Review of S13's record revealed that from 8/26/10 through 3/14 /11 (6 1/2 months) E12 (S13's physician) failed to come to the facility and evaluate S13. There was documentation indicating that staff were faxing information to E12 and calling him concerning S13's care needs including Coumadin orders.

Findings were confirmed with E2 (DON) on 4/12/11. E2 stated that she called E12 several times to come in and see S13 to no avail. E2 stated that

- A. A letter will be sent to the physician with regard to the need for timely visits. The Medical Director will also communicate with this physician of the need for compliance.
- B. The medical records of all residents currently being seen by this physician were audited on April 13, 2011 to ensure compliance with visits. No further issues were identified.
- C. The unit manager will maintain a physician visits schedule to ensure compliance. Physicians will be notified in the ten (10) day window of the sixty (60) day visit if their residents have not been seen.
- D. Random chart audits will be completed by the DON/designee, monthly, times three (3) months, to ensure timely physician visits have been documented as per regulations. Findings will be reported to the NHA with corrective action as warranted.

Completion Date: May 11, 2011



STATE SURVEY REPORT

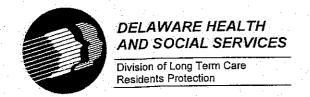
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NAME OF FACILITY: Foulk Manor North

DATE SURVEY COMPLETED: April 13, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	the medical director then contacted E12 instructing him to come visit S13. Consequently, E12 evaluated S13 on 3/14/11.	
3201.6.3.2	Treatments and medications ordered by a physician shall be administered using professionally accepted techniques in accordance with 24 Delaware Code, Chapter 19.	A. S11 remains in the facility and is currently being transferred with two (2) person assistance as per care plan.
	Based on observation, record review, and interview it was determined that the facility failed to follow the plan of care for the use of a "Sit to Stand" lift while being transferred for one (S11) out of 14 sampled residents. Findings include:	E10 and E11 will be provided education and corrective action on proper transferring of resident with the use of mechanical lifts.  B. All residents requiring a mechanical lift for transfers have the potential to be affected.
	S11 was admitted with diagnoses that included dementia, diabetes mellitus type II, and renal insufficiency.  Review of S11's "Resident/Care giver	C. All direct care staff will be provided re-education for proper transfer techniques with use of the mechanical lift.
	Information Form" (communication form documenting how staff are to care for a resident) dated 12/4/10 documented S11 was to be transferred with a "Sit to Stand" (mechanical lift used to transfer a resident).	D. Weekly observations will be conducted, at random, by the DON/designee during care rounds to ensure compliance. Findings will be reviewed by the NHA with corrective action as warranted.
	Review of S11's physician order, dated 12/21/10, stated, "Stand-up Lift" (also known as a Sit to Stand lift).	Completion Date: May 11, 2011
	Review of the April 2011 Treatment Record for S11 documented "Stand-up	

lift for all transfer with 2-person assist."



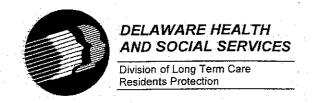
#### STATE SURVEY REPORT

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NAME OF FACILITY: Foulk Manor North

DATE SURVEY COMPLETED: April 13, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	Review of S11's nurses notes revealed on 4/7/11 and 4/8/11 that S11 was to be transferred by 2 people with a mechanical lift (Stand up Lift).	
	On 4/11/11 at 7:25 AM, E10 (LPN) and E11 (CNA) were observed transferring S11 from the bed to the wheelchair without using the sit to stand. They wheeled S11 into the bathroom and transferred S11 from the wheelchair onto the commode without using the sit to stand lift. At approximately 7:35 AM after E11 left the bathroom, E10 transferred S11 from the commode to the wheelchair without a second person to assist her with the transfer and she did not use the stand up lift.	
3201.6.7	On 4/12/11, the observations were reviewed and confirmed by E10 who stated that she knew S11 was a 2-person transfer with a stand up lift. E10 stated it was faster to transfer S11 without the stand up lift.  Pharmacy Services	
3201.6.7.1	Each nursing facility shall have a consultant pharmacist who shall be responsible for the general supervision of the nursing facility's pharmaceutical services.	
	Based on record review, review of the narcotic count sheet, Xanax medication card, and interview it was determined that the pharmacy failed to provide the proper dose of Xanax for one (S11) out	



STATE SURVEY REPORT

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NAME OF FACILITY: Foulk Manor North

DATE SURVEY COMPLETED: April 13, 2011

SE	CTI	ION
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### STATEMENT OF DEFICIENCIES Specific Deficiencies

ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED

of 14 sampled residents as ordered by the physician. Findings include:

R11 had a physician order, dated 8/17/10, for Xanax .50 mg take one tablet by mouth every 6 hours as needed for agitation. The order was faxed along with the C2 form (controlled substance form) to the pharmacy. The facility received a medication punch card with the Xanax .50 mg tablets.

S11 had a physician order, dated 10/2/10, for "Xanax 0.25 mg by mouth daily at 2 pm and every 6 hours as needed for agitation....D/C previous Xanax 0.5 mg by mouth order". There was evidence in the clinical record that the facility faxed the order to the pharmacy and a C2 form was completed.

Review of R11's monthly physician order sheets for November 2010 through March 2011 revealed that nursing staff wrote in the order for Xanax 0.25 mg and sent a copy back to the pharmacy. However, the pharmacy did not fill the order and Xanax 0.25 mg was not available for R11.

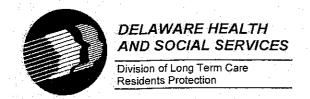
On 4/12/11 at 11:55 AM, a telephone interview was conducted with E8 (PharmD) who stated that the order was not filled because the facility failed to send a C2 form with the order. E8 further stated that when the pharmacy does not have the C2 form they call the

- A. R11 remains at the Facility and a C2 form was sent to the pharmacy. Resident is currently receiving Xanax 0.25mg as per physician orders with the correct dose and labeling of the medication punch card.
- B. All residents requiring a C2 form for medication have the potential to be affected.
- C. Pharmacy and nursing will meet to establish a protocol and to ensure proper communication has occurred and C2's are timely received.
- D. All new orders that require C2's will be checked by the supervisor to ensure receipt of medication.

The DON/designee will weekly review the pharmacy manifest sheets

to ensure receipt of C2 medications ordered. Findings will be reviewed with the NHA with corrective as warranted.

Completion Date: May 11, 2011



STATE SURVEY REPORT

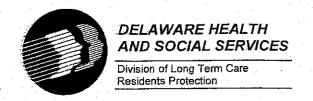
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NAME OF FACILITY: Foulk Manor North

DATE SURVEY COMPLETED: April 13, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
***************************************		
	facility to let someone know. There	
	was no evidence that the pharmacy	
	contacted the facility to let them know	
	they did not receive the C2 form, even	
	after the order was written onto	
	physician order sheets and copies	
	were sent to the pharmacy from	
	November 2010 through March 2011.	
	140 Veriber 20 To through Waron 20 TT.	
	On 4/13/11 at 8:30 AM, an interview	
	was conducted with E1 (Administrator)	
	who confirmed there was a	
	communication problem between the	
	pharmacy company and the facility. E1	
	stated that she was going to contact	
	the pharmacy so they could work	
	together to put a process in place to	
	prevent further communication	
1, 4, 5	problems and to ensure that	
	medications were available to residents	
	as ordered.	
201.6.8	Medications	
201.6.8.10	Any medications removed but not	
	administered to the resident shall	
	not be returned to the original	
	container. In circumstances such	
	as refusal of drugs by the resident,	
	the drugs shall be discarded and the	
	refusal recorded on the resident's	
	Medication Administration Record	
	(MAR). If the medication is a	
	controlled substance, the signature	
	of the administering nurse is	
	required on the record of the	
	controlled substance.	
	Based on record review, review of the	

narcotic count sheet, Xanax medication



STATE SURVEY REPORT

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NAME OF FACILITY: Foulk Manor North

DATE SURVEY COMPLETED: April 13, 2011

			·	
SECTION	STATEMENT OF DEFICIENCIES	*.	ADMINISTRATOR'S PLAN FOR CORRECTION	
	Specific Deficiencies		OF DEFICIENCIES WITH ANTICIPATED	
			DATES TO BE CORRECTED	

card, and interview it was determined that the facility failed to destroy narcotics that were not administered to one (S11) out of 14 sampled residents. Findings include:

Review of the facility's policy and procedure revealed "Controlled Substances Management 10. If a dose is removed from the container for administration, but refused by the resident or not given for any reason, it must be immediately destroyed in the presence of two licensed nurses. The disposal must be documented on the declining inventory record on the line representing the dose. This documentation will include the signature of both individuals witnessing the destruction and the date and time it occurred."

Review of S11's record revealed a physician order dated 8/17/10 for Xanax .50 mg take one tablet by mouth every 6 hours as needed for agitation. The order was faxed along with the C2 form (controlled substance form) to the pharmacy. The facility received a medication punch card with the Xanax .50 mg tablets.

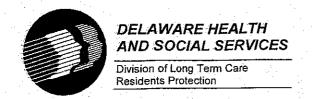
On 10/2/10 S11 had a physician order for "Xanax 0.25 mg by mouth daily at 2 pm and every 6 hours as needed for agitation....D/C previous Xanax 0.5 mg by mouth order". There was evidence in the clinical record that the facility faxed the order to the pharmacy and a C2 form was completed.

A. S11 remains in the Facility and had no negative adverse effect.

E10 was provided education on proper destruction of narcotics.

- B. All residents receiving narcotic have the potential of being affected.
- C. All licensed staff will be educated on the proper destruction of narcotics and the Facility's Medication Management Guidelines Policy.
- D. The DON/designee will conduct a random audit of the medication cart's narcotic box/book, weekly times one (1) month and then monthly, times two (2) to ensure compliance. Findings will be reported to the NHA and corrective action will be completed as warranted.

Completion Date: May 11, 2011



2-301.14 When to Wash.

DHSS - DLTCRP 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 577-6661

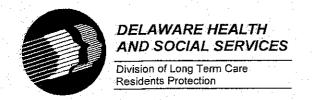
STATE SURVEY REPORT

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NAME OF FACILITY: Foulk Manor North

DATE SURVEY COMPLETED: April 13, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	Review of R11's Xanax medication	
	card in the locked medication cart	
	revealed that the facility did not receive	
	Xanax .25mg tablets from the	
	pharmacy. However, Xanax 50 mg	
	tablets were still available in the locked	
	cart for S11.	
	Call for \$11.	
	Design of CAAle manager as unfabrat	
	Review of S11's narcotic count sheet	
	for Xanax .50 mg. revealed that	
	nursing staff documented on the	
	narcotic count sheet that they were	
	breaking the .50 mg Xanax scored	
	tablets in half. The nurses were	
	administering a 1/2 tablet (equal to .25	
	mg) to S11, then replacing the other	
	half back in the pocket and taping it	
	closed instead of wasting it with	
	another nurse. The nurses	
	documented on the narcotic count	
	sheet there was a beginning count of 8	
	1/2 tablets with the count decreasing	
	by a ½ tablet with each administration.	
	On 4/13/11 at 9:15 AM, E10 (LPN)	
	confirmed that she was the first nurse	
	to break the Xanax .50 mg tablet in	
	half. E10 administered S11 a ½ tablet,	
	put the other ½ tablet back in the	
	•	
	whole, and taped it closed. E10 denied	
	calling the pharmacy to ensure that the	
	proper dose of Xanax was received for	
	S11.	
201.7.5	Kitchen and Food Storage Areas.	
	Facilities shall comply with the 2011	
	Delaware Food Code.	



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NAME OF FACILITY: Foulk Manor North

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STATEMENT OF DEFICIENCIES
Specific Deficiencies

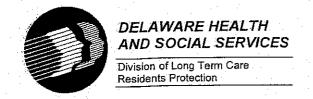
ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED

Food employees shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single service and single-use articles and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (B) After using the toilet room; (C) After caring for or handling service animals or aquatic animals as specified in ¶ 2-403.11(B); (D) Except as specified in ¶ 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; (E) After handling soiled equipment or utensils; P 45 (F) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (G) When switching between working with raw food and working with ready-to-eat food; (H) Before donning gloves for working with food; and (I) After engaging in other activities that contaminate the hands.

Cross refer to the CMS 2567-L survey report date completed 4/13/11, F371, Example #2.

4-602.11 Equipment Food-Contact

- A. (1) Upon notification by the surveyor, on April 11, 2011, the Facility immediately replaced the existing drain pipe with the air gap drain.
  - (2) The Facility immediately discarded the ready-to-eat pickles and contaminated gloves. E7 was provided education of proper hand washing and handling of food.
  - (3a, b, c) The Facility cleaned the meat slicer, stainless steel vegetable sink as well as beneath the sink and the identified soiled frying pans.
  - (3d, e) The dishwasher and Garland convection oven will be cleaned and maintained on a regular schedule.
  - (3f) The clean plates storage area will be properly cleaned and covered and the storage area will be free of debris.
  - (3g) The grease trap will be cleaned and the three (3) identified condiments and walls of the dishwasher were wiped clean and free of spillage and stains and drippings.
  - (3h, i) On April 11, 2011, the Facility cleaned the three (3) condiment bottles.



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NAME OF FACILITY: Foulk Manor North

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0=0	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED

#### Surfaces and Utensils.

- (A) Equipment food-contact surfaces and utensils shall be cleaned:
- (1) Except as specified in ¶ (B) of this section, before each use with a different type of raw animal food such as beef, fish, lamb, pork, or poultry;
- (2) Each time there is a change from working with raw foods to working with ready-to-eat foods:
- (3) Between uses with raw fruits and vegetables and with potentially hazardous food (time/temperature control for safety food);
- (4) Before using or storing a food temperature measuring device; and
- (5) At any time during the operation when contamination may have occurred.

Cross refer to the CMS 2567-L survey report date completed 4/13/11, F371, Example #3a, 3b, 3f.

4-602.13 Nonfood-Contact Surfaces.

Non food-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.

Cross refer to the CMS 2567-L survey report date completed 4/13/11, F371, Example #3c, 3d, 3e, 3f, 3h.

5-402.11 Backflow Prevention.

B. All residents have the potential to be affected by soiled kitchen equipment, cooking surfaces and food contamination.

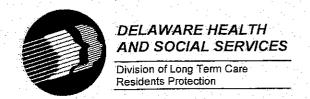
The Director of Food and Dining Services and/or designee, will inservice all dietary staff on the Facility's policy on Handwashing Techniques, Kitchen, Sanitation and Cleaning Schedule and Equipment Cleaning Procedures.

- C. The Director of Food and Dining and/or designee, will implement a daily cleaning schedule to maintain the cleanliness of kitchen equipment, walls and kitchen surfaces.
- D. The Director of Food and Dining Services and/or designee, will conduct weekly rounds and monthly audits times three (3) months to ensure the daily cleaning schedule and proper handling of food is being maintained.

The Executive Chef and/or designee, will conduct daily rounds to ensure staff are discarding gloves and washing hands between use.

The Director of Food and Dining will review checklists and discuss all findings with the NHA with corrective actions as warranted.

Completion Date: May 15, 2011 and Ongoing



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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	(A) Except as specified in ¶¶ (B), (C), and (D) of this section, a direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed.	
	Cross refer to the CMS 2567-L survey report date completed 4/13/11, F371, Example #1.	
	6-501.12 Cleaning, Frequency and Restrictions.	
	(A) Physical facilities shall be cleaned as often as necessary to keep them clean.	
	Cross refer to the CMS 2567-L survey report date completed 4/13/11, F371, Example #3g, 3h, 3i.	